[Daniel W. Taylor, JMC 1860]

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BLANK BOOK

MANUFACTURER AND

STATIONER,

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Between Fourth and Fifth Sts., South Side.

PHILADELPHIA.

BILL-HEADS, CARDS, MANIFESTS, &C., &C.

NEATLY PRINTED.

Classification of convulsive diseases effected by regarding the various groups of morbid causes

"Reynolds"

I. Idiopathic Convulsions including

Epilepsy proper. ie idiopathic E.

Eclampsia puerorum i.e. " convulsions of Ch

II. Secondary, eccentric or sympathetic Convulsions

Sympathetic E uterine, gastric &c

Sympathetic Convulsions in children

III. Diathetic, or cachectic conv: from gen: nutrition changes

Healthy in kind but morbid in degree; puberty &

Morbid in kind & degree; tuberculosis, exanthems

Toxaemia arising from

Retained excreta, uraemic conv:

Metamorphosed plasma; pneumonic conv. Hæmatic

Poison introduced from without. Syphilis. Lead. &c.

IV. Symptomatic conv: from centric disease

Dis: of meninges; tubercle, syphilis, tumour

Dis of nervous centres, tumour, softening &c

Etiology of Epilepsy

I. Unavoidable and Accidental Causes

A. Unavoidable vital conditions

Hereditary taint -

Mother or Father

Other relatives -

"Relation of disease in parents to time of birth of patient" (Es. R.M.).

Age at which attacks commenced.

B. Accidental causes

a. psychical -

mental & emotional. The interval between the emotional disturbance -

b. Volitional

eccentric imitations

c. Those acting through

the gen: organic system

pregnancy, fever &c

d. physically

inoculation mechanical

injury

No assignable cause

disturbance & the occurrence of the fit. may be once a month.

I. Schizophrenic Symptoms

A. Mental & Emotional

1. Changes in memory & attention

2. " " apprehension

3. " recollection

4. " ideation

5 " control of emotion

B. Sensational

1. Cephalalgia

2. Vertigo

3. Muscular, tactile &

C. Motorial

1. Tumor

2 Clonic spasm

3. Tonic spasm

4. Paralysis

D. Organic —

1. Nutrition

2. Temperature

3. Muscular strength

Pulse

Paroxysmal Symptoms

"le petit mal" loss of con-
-sciousness with or without
local tonic spasmodic
movements.

"le haut mal" loss of con-
-sciousness with general
tonic & clonic convulsions The clonic convulsions
with more or less asphyxia.

Epilepsia abortiva.

General or partial con:
-vulsions without loss of
Consciousness

the symptoms of asphyxia, is pathognomic

Epilepsia gravior - with
complete loss of consciousness -
Premonitory symptoms -
In only one observed
even a few hours before an
attack - are -
a mental modification
b. darkening of skin -
Immediate prodromata
1. Mental. Drowsiness. fear, depression of spirits.
2. Sensorial dizziness. cephalalgia. weight at cardia
3 Motorial trembling of face, rapidity, cramp.
4 Sensorial darkness under eyes, &c

initabilely or

Ranina, tiptoeing in thirst, pania initials de

bon of fever, palpitations of heart &c

Paroxysmal phenomena proper

1st stage -

Convulsions of inspiration & volition

Tonic contraction of muscles, usually more on one side

Impeded respiration with or without noise in throat

Pallor or duskiness of face, or the first rapidly succeeded

Dilated pupil. distending veins. distorted features

Work or insusceptible rectal pulse, throbbing carotid

2nd Stage

Persistent unconsciousness

Clonic convulsions. general, or on one side

Laborious respiration. with tracheal gurgling foamy

Darkness of face & body, with cold sweating -

Oscillation of pupil changing of pains, contracting of

Pulse throbbing, palpitation of heart

3rd Stage gradually rising from 2nd not abrupt

Partial return of consciousness, appearance of

Muscular movements - half voluntary or sensa.

Respiration labored. with gurgling noise &

Surface dusky & perspiring pupil dont.

Pulse full & rapid but variable.

After stage - more or less stupor or the pos

by the Callus

or hearing -

veins -

anger or alarm. Gradually becoming diminu-

tional

moaning

eaches, Conjunctiva injected

gradually recovers.

Hemmeds' "Dis. of the Brain"

Active Cerebral Congestion
Passive " "
Cerebral Anaemia
Cerebral Haemorrhage
Meningeal " "
(Haematoma of Dura Mater)
Partial Cerebral Anaemia
from Obliteration of Cerebral Arteries

Thrombosis

Embolism

Cerebral Softening

Aphasia

Acute Cerebral Meningitis

Chronic " "

Tubercular " "

Suppurative Cerebritis

Diffuse Cerebral Sclerosis

Multiple " "

Tumors of the Brain

from Brown-Séquard. Feb 3rd. 1865 - Lecture before College of Physicians of Ireland - See Edinburg Med Journal. March. 1865.

Division of the entire half of the Spinal cord in the neck (anterior, lateral and posterior columns of the grey matter of one side)

Phenomena on the same side
Body

1. Absolute paralysis of motion of the same side of the body from the neck downward -

2. Extreme hyperaesthesia of the same parts.

a. of Tactile sensibility

b. of tickling

c. of painful impressions

d to Changes of temperature

3. Increased temperature

4. Increased fullness of vessels absolute compared with normal condition

Face -

1. Increased heat

2. Increased sensibility

3. Contracted pupil

4. Opening of eyelids smaller

On the opposite side

1. Anaesthesia of the fourfirst kinds of sensibility -

2. Persistence of [fifth] Muscular sense

3. Persistence of voluntary motion

4. Absolute diminution of heat, & of fullness of vessels - compared with what they were in the normal condition -

Injury of Medulla Oblongata
above the decussations of the
Anterior Pyramids - not such
as to destroy life at once -

As regards the State of circulation
and heat and sensibility as before

1. Paralysis of motion on both
sides of body

Regional Diagnosis

Injury of Pons - Varolii, striking at the same time the roots of the 5th and of the facial before decussation (which occurs at the lower part of the pons varolii), and striking also the 6th before decussation.

1. Loss of motion + sensibility of opposite side of body
2. Loss of motion + sensibility of same side of face

The facial paralysis is of the muscles which give expression to the face, also of orbicularis oculis. + of external rectus -

The tongue is not paralyzed but one of taste is absent on same side - (In case of Brain producing hemiplegia face is paralyzed on the same side as the body. orbicularis is not paralyzed - while tongue is almost always somewhat paralyzed.) Patient is emotional, gapes frequently, frequently accompanied by sudden jerk of paralyzed limbs. Usually considerable giddiness + tendency to vomit -

Lesions of Pons Varolii - (Bastian - Lancet Oct 31st 1874)

Central fronto

Large lesions give rise to prominent "apoplectic" symptoms. e.g. deep coma, complete resolution of the limbs of both sides, flapping of the cheeks during expiration, insensibility of conjunctiva, & notably contracted pupils -

Prognosis. death may take place in a few minutes. When the patient is seen in the stage of collapse, the temperature sinking to perhaps 96° 7 in rectum, in a few hours - coma continues & temperature of both sides of the body rises to perhaps 109° or 110°

If the lesion is slightly in extent - consciousness may be gradually regained - & then remain.

ipsilateral bilateral motor hemiplegia of limbs and face, (involving eyelids, mouth, & tongue) sensibility notably diminished or perverted in one or more of the limbs - with difficulty in deglutition, associated with well marked difficulty in articulation (not aphasic)

Lower half of one lateral region

Hemiplegia may set in, with apoplectic or epileptiform symptoms, or may supervene more gradually without loss of consciousness or convulsions -

Characteristics. Alternate Hemiplegia - with unusually well marked facial paralysis on the side of the brain lesion & more or less complete motor & sensory paralysis of the limbs of the opposite side.

Upper half of one lateral region

same as lower half except - the paralysis of face & limbs are both on the side opposite the brain lesion,

or

(Brain Dysart)

Injury of Pons varolii a little higher up than the middle of the organ, at the place where the facial and trigeminal cross

The two sides of face will be paralysed, both in sensibility and motion. both external sides of tongue as to sense of taste.

Remarks. When the injury strikes the fibres above the decussation, paralysis of the face will be on the same side with paralysis of body, (as in most cases of Brain disease) - if below the contrary effect ensues.

To distinguish injury of Pons above the decussation from injury of Brain still further up.

1st You have great & extreme coldness of that side of the body about to become

2nd Some jerks in the muscles of the face, on opposite side to injury, also some

In the case of Dr Bright's there was tingling in the fingers & very slight ptosis

Lesions of the Pons Varolii. continued (Bastian)

Whether the lesion is in the upper or lower part of the orbital
half - the facial paralysis is present so as to involve
the orbicularis palpebrarum -
Frequently associated with difficulty in deglutition
and articulation & often a copious overflow
of saliva from the paralysed side of the mouth,
Impairment of sensibility is variable, on the
paralysed side of body - more marked according
as the lesion approaches or actually involves
the ventricular aspect of the pons - & when it
exists, apt to be more marked & durable than
in the case of hemiplegia due to lesions further
away from the base of the brain - More rarely
unilateral hyperaesthesia (often limited to distributions
of nerves, and either alone may be associated with
painful sensations or subjective sensations of
cold ness while temperature is higher than normal
so - the pain may frequently implicated - & we may
have anaesthesia, hyperaesthesia, painful or
anomalous sensations or corresponding side
of face, accompanied by unilateral impairment
of sense of taste - & if the motor division is implicated
with weakening of temporal, masseter &c of the
same side -

over.

paralysed, the nerves of which will be seen when the paralysis is complete

sensations of tickling in the face

of the ext auditus

Hemiplegia - reflex from disease either of the lower part of the brain, at the base of which lies the 5th pair or near the place of entrance of the Auditory n. In this case there is not a destruction of tissue but a pressure (not very considerable either) on the cerebelli, a small part of the pons, and the medulla Oblongata (eg growth of a tumor)

1. A decided weakness, rather than a great paralysis of one side, a slight stiffness + tendency to turn his limbs.

Hardly any loss of sensibility - has noises in ear of same side, feels extremely giddy, has sometimes a tendency to revolve + turn round on himself. Sometimes reels as if intoxicated, frequently cannot walk straight forward, sometimes very great hyperaesthesia to sounds, has at times a sudden + impulsive tendency to fall but that if he takes hold of something he will keep up -

If the injury goes further, + real disorganization takes place - the paralysis on the side of injury will disappear + the opposite side become paralyzed - The initial part exciting reflex paralysis, being destroyed ceases to transmit irritation + paralysis occurs on opposite side because in the pons + medulla there are conductors of voluntary motion above this decussation passing to go up to the brain. + then being destroyed paralysis on opposite side occurs

Lesion of Pons Varolii (continued Bastian)

Lesion of the Pons. apt to be associated with "Emotional weakness" - The Pons is not the Centre principally concerned in the genesis of the emotional skills - but it seems to contain the centre, by means of which such stats, when in actual existence, reveal themselves by characteristic external manifestations -

When lesions of the Pons, cause imitation of Lesions of the surface of the 4th ventricle, we may find Sugar in the urine - if Lower portion of 4th ventricle implicated - diabetes insipidus or albuminuria In lesions of the Pons. we frequently encounter early rigidity or spasm of the paralysed limb, or Tremors or rigidity of some of the muscles of the neck -

Lesion of the Crus Cerebri

Lower & inner part of the Crus, near the Pons -
"Alternate paralysis" - "in addition the 3rd nerve on the side of brain lesion, is paralysed - we have pupil dilatation & sluggish pupil, external squint, & impairability of moving the eyeball except slightly in its directions - eyes slightly forwards & outwards by great contraction of Rt Rectus (6th) and a little round it on axis from outwards upwards by great contraction of superior oblique (4th nerve) - The converging hemiplegia in general resembles that of lesion in upper part of one lateral half of Pons -

over

Hemiplegia. from Hemorrhage in the Cerebellum

1. Vomiting - a constant symptom
2. Hypnaesthesia in some parts of body not the whole nor even the half.
3. Amaurosis - of the right or left or both eyes. sometimes passing from one eye to the other alternately. this if from reflex action & not from pressure upon the tubercula quadrigemina (as this dis: in most cases does not press upon the tub: quad:)

Lesions of Cms Cerebri (continued Bastian)

Lesions of upper and outer part of crus + next Cerebral Hemisphere
No distinctive signs. The grouping of symptoms approximates very closely to those of lesions of the Optic Thalamus - it so happens that these lesions do very frequently extend into the upper part of the Crus Cerebri -

Lesions in or just outside the Optic Thalamus
Motor Paralysis. Less marked, than in equal lesion of Corpus Striatum
Early Tonic and clonic spasms in the hemiplegic limb or about the face much very common (3/4 numbers cases) in lesions of Thalamus - quite exceptional in lesions of Corpus Striatum
Sensibility slightly more impaired in lesions of Thalamus
Diffusion of Anesthesia below paralysed limb quite in lesions of Thalamus
In Striate lesions paralysed limb and face more than one degree higher than corresponding + this diff soon diminishes - while in lesions of Thalamus the diff may be 1½° or even 2° & persists for many weeks -
Aphasic difficulties of speech are more common in lesion in or just outside the Corpus Striatum -

Hemiplegia. due to lesion of the anterior lobes of the Brain.

Phrenologists regard anterior lobes as
organs of speech - but cases occur of
destruction of ant: lobes without loss of speech
Bouillaud regards loss of speech to be
a mere reflex phenomenon. certainly the
destruction of the anterior mass is not
the direct cause of loss of speech.
There is generally perfect freedom of
motion in tongue. The defect of speech
arises from disability of patient to express
his thoughts by speech or signs or writing.
it is paralysis of the "organ of expression of
thought" He can pronounce words but they
possess no meaning.

Meningitis of the Spinal Cord --

"Frequently associated with cerebellar disease, or with inf: of the intra-cranial membranes, we then have intellectual & sensorial phenomena."

Premonitory conditions

- Rheumatic tendency,
- Suppression of hab: discharges
- Dis: of the bones,
- Blow upon the back,
- Fall upon feet or nates,
- Violent exertion.

Premonitory,

- Wanting or dull pain in back,
- aching in the limbs,
- General uneasiness

Developed symptoms are Intrinsic & Extrinsic

Intrinsic in S. M. proper are Sensorial & motorial only

Sensorial, Centric,

- Pain referred to spine,
- slight at first,
- rapidly increasing,
- becoming almost intolerably violent

Meningitis of the Spinal Cord

Sensorial / Quotic /

It undergoes remissions, sometimes periodical incd: by movt of the body or applicn of heated substs not by press: of s/s: processes

Sensorial / Excentric /

Pain in the limbs, thorax (around the) abdomen, with often a sense of constriction, Pricking & numbness &c in the limbs. /persistent/, dysaesthesia/ - (every impression being painful) hypaesthesia or anaesthesia afford evidence of myelitis.

Sensorial - / Excentric /

Tonic spasm, commencing & persisting with max: intensity in mus: of neck & back, the jaw & limbs sometimes are affected

Meningitis of the Spinal Cord

Spasm inc.d by more or less attended respiration painful & laborious

Paralysis to volition occurs sometimes, rarely, except after several days. Feebleness of the limbs, face & urine retained or passed involuntarily (onset)

Slightly marked fever, heart's impulse feeble & rapid pulse small & feeble Insomnia & frequently considerable diaphoresis Toward the close of life prostration - coma.

Duration -

Mortality

Contagious & Epidemic -

Etiology -